

Date _____

Permit # _____

**Baltimore County Department
of Environmental Protection & Resource Management
Waste Management Division
401 Bosley Avenue
Towson, Maryland 21204**

GROUND WATER MANAGEMENT – 410-887-2762

This is to inform you that _____
(name of company)

will be removing _____ , _____ .
(# of tanks) (tank size(s))

located at _____
(address)

_____ will notify Tom Bodrogi, Ground Water

Management, a minimum of three (3) working days prior to removal.

NOTE: The applicant is requested to submit a copy of the State of Maryland inspection report on the status of the tank removal project to this office within 7 days of the project completion date.

(Name of company)

(Signature of representative)

(Phone number)